

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044690

STATE FILE NUMBER

FILED JAN 7 1959

Registration District No. 160

Primary Registration District No. 5592

Registrar's No. 188

300
1-57

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1. PLACE OF DEATH a. COUNTY Jefferson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jefferson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joachim		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Crystal City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Mt. View Rest Home		Length of stay in lb 3 years	d. STREET ADDRESS (If outside, give location) 701 Lindsey		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Ira Roscoe Kennedy			4. DATE OF DEATH Month Day Year Dec. 23, 1958		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 18, 1877	9. AGE (In years last birthday) 81	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Glass Worker		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) New Palestine, Ill.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME George Kennedy		13b. MOTHER'S MAIDEN NAME Ellens Henderight		14. NAME OF HUSBAND OR WIFE Agnes Tucker Kennedy	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Spanish American War		16. SOCIAL SECURITY NO. None	17. INFORMANT Paul Kennedy 111 Ozark, Crystal City, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease					INTERVAL BETWEEN ONSET AND DEATH Worse 1WK
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 8-11-58 to 12-23-58 and last saw him alive on 12-23-58 Death occurred at 6:45 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE I. B. D. [Signature], M.D.		22b. ADDRESS Crystal City, Mo.		22c. DATE SIGNED 12-26-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 26, 1958	23c. NAME OF CEMETERY OR CREMATORY Catholic		23d. LOCATION (City, town, or county) (State) Crystal City, Mo.
24. FUNERAL DIRECTOR Vinyard Fun'l. Homes, Potosi, Mo.		25. DATE RECD. BY LOCAL REG. 12-30-58		26. REGISTRAR'S SIGNATURE Paul G. [Signature]	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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APR 17 1959

SA 01101959

DATE RECEIVED
JAN 6 1959

JAN 6 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Donald H. Vernon*

Licensed Embalmer No. *H600*

P. O. Address *status*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.